

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-004665

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 312 Primary Registration District No. 500 Registrar's No. 1931. ~~PLACE DEATH~~ **FILED FEB 13 1963**  
a. COUNTY St Louis2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo b. COUNTY St Louisb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Woodson Terrace

Length of stay in 1b

c. CITY  
OR  
TOWNWoodson Terrace

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION 3247 AirwayInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS3340 Calvert

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

ROSE E Schaeffer4. DATE  
OF  
DEATH

Month

Day

Year

Jan 18 19635. SEX  
Female6. COLOR OR RACE  
White7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
12/1/18949. AGE (last birthday)  
68IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Housewife10b. KIND OF BUSINESS OR INDUSTRY  
Own Home11. BIRTHPLACE (City and state or country)  
St Louis Mo12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Marvin Collins

13b. MOTHER'S MAIDEN NAME

Rose Kenney

14. NAME OF HUSBAND OR WIFE

Adam (dec'd)15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Pat Benkovich 9770 Lilly Jean18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease and  
generalized arteriosclerosisINTERVAL BETWEEN  
ONSET AND DEATHMonthsConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_  
and last saw her alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_8:50A

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coroner

22b. ADDRESS

Clayton, Missouri

22c. DATE SIGNED

1/24/6323a. BURIAL INFORMATION,  
REMOVAL (Specify)

23b. DATE

1/21/1963

23c. NAME OF CEMETERY OR CREMATORY

Laurel Hill

23d. LOCATION (City, town, or county)

St Louis Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ortmann F Home 9222 Lackland Overland Mo

25. DATE RECD. BY LOCAL REG.

1-19-63

26. REGISTRAR'S SIGNATURE

John C. Munkler, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/591 40442 40442

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Al C Ostmann

Licensed Embalmer No. 3478

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.